JAN 0 4 ZON BY TO SERVE UNITED STATES PATENT AND TRADEMARK OFFICE

In re U.S. Patent Application of)
HUOTARI et al.) Unit 3732
Application Number: 10/575,956) Examiner:
Filed: November 21, 2006) Hao D. Mai
For: DENTAL UNIT AND METHOD FOR FEEDING WATER)))
ATTORNEY DOCKET No. PLAN.0002)

Mail Stop Amendment Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450

COVER LETTER

Sir:

[x] The fee for submission of claims is calculated as shown below:

For	TOTAL WITH NEW CLAIMS ADDED	TOTAL CURRENTLY ON FILE	CLAIMS ALREADY PAID	RATE	CALCULATION
Total Claims	24	24	4 (Over 20)	x \$52	0
Independent Claims	2	2	(Over 3)	x \$220	0
MULTIPLE DEPENDENT CLAIM(S)				+ \$390	0.
REDUCTION FOR FI	LING BY SMALL ENTITY	(note 37 C.F.R. §§ 1.9, 1.27	7, 1.28).	x ½	
			ТОТА	L	\$0

In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

[x	Response and Amendment to Office	[] Information Disclosure Statement
	Action (with claim amendments)	[] sheets of drawings
[] Substitute Abstract	[] RCE
[] Terminal Disclaimer	[] Other:
		· · · · · · · · · · · · · · · ·

[]	Applicant(s) hereby request and petition that the time for taking action in this case be extended pursuant to 37 C.F.R. § 1.136(a) for: [] one (1) month [] two (2) months [] three (3) months
	The fee set in 37 C.F.R. § 1.17 for the extension of time is \$ for a large/small entity.
[]	Credit card information for \$ to cover the fee associated with this filing is enclosed.
[]	Please charge my Deposit Account Number in the amount of to cover the fees for
[x]	The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees under 37 C.F.R. § 1.16 and 1.17, or credit any overpayment to Deposit Account Number 12-0555 .

Respectfully submitted,

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